Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450

ATTN: BOX PATENT APPLICATION

## UTILITY PATENT APPLICATION TRANSMITTAL

Docket No.: 03-364 Date: October 31, 2003

Sheet 1 of 2

U.S. Express Mail Label No.: EV323568773US

17548 U.S.F 10/69912

Inventor	Name	$(\mathbf{s})$	):
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JULIE A. GANNON; STEVEN W. O'NEAL; APRIL D. SCOTT; VERNON R. SMITH; AND KENNETH L. STRATTON

Title: SOF	FTWARE ENABLED ATTACHMENTS	<b>;</b>							
X	Fee Transmittal Form Attached in Du	uplicate							
X	Specification and Claim(s)	[Total Pages 37]							
X	Drawing(s)	[Total Sheets 2]							
	INFORMAL								
Declar	ration	[Total Pages 0]							
	Newly Executed (Original or	Copy)							
	Copy From Prior Application (37 CFR § 1.63(d))								
	Deletion of Inventor( (Signed Statement A	s) (37 CFR § 1.63(d)(2)) ttached)							
	Assignment Papers (Cover Sheet and	d Document(s))							
	37 CFR § 3.73(b) Statement (if appl	icable)							
	English Translation Document (if applicable)								
x	Information Disclosure Statement (IDS)/PTO-1449								
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Sheet 2 of 2

If a Co	ontinuing Applica	ation						
	Continuation		Divisional		Continuation-In-Part (CIP)			
of prio	or Application No	o.:			;			
Exami	ner:				; and	l		
Group	/Art Unit:							
	Cancel Claims:							
	For Continuations or Divisional Applications only: The entire disclosure of the prior application, from which an oath or declaration is supplied, as set forth above, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference.							
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į	rney/Agent: W.	Bryan McPhe	rson III		Registration No.: 41,988  Date: /o/3//0.3			

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FEE TO A MONATTAL		Complete if Known						
FEE TRANSMITTAL	- [	Application Number			(Unassig	(Unassigned)		
for EV 2002		Filing Date		(Herewit	(Herewith)			
for FY 2003		First Named Inventor		Julie A.	Julie A. Gannon ET AL.			
Effective 01/01/2003. Patent fees are subject to annual revision.	[	Examin	xaminer Name (Unassigned)					
Applicant claims small entity status. See 37 CFR 1.27	_[	Art Unit			(Unassig	ned)		
TOTAL AMOUNT OF PAYMENT (\$) 1,930		Attorney	/ Dock	et No.	03-364			
METHOD OF PAYMENT (check all that apply)				FI	EE CALCULAT	TION (conti	inued)	
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Name The Commissioner is authorized to: (check all that apply)	1812				For filing a request		reexamination	
X Charge fee(s) indicated below X Credit any overpayments	1804		1804		Requesting publica			
Charge any additional fee(s) during the pendency of this application	1805			1.840*	Examiner action Requesting publication	ation of SIR a	after	
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to the above-identified deposit account.	1251 1252	110 410	2251	205	Extension for reply			
FEE CALCULATION	1253		1		Extension for reply			
1. BASIC FILING FEE	1254		2254	725	Extension for reply	within fourth	n month	
<u>Large Entity Small Entity</u> Fee Fee Fee <u>Fee Description</u> Fee Paid	1255	1,970	2255	985	Extension for reply	within fifth n	nonth	
Code (\$)   Code (\$)   1001 750   2001 375   Utility filing fee   770	1401	320	2401		Notice of Appeal			
1001 750 2001 375 Utility filing fee 770 1002 330 2002 165 Design filing fee	1402				Filing a brief in su		ppeal	
1003 520 2003 260 Plant filing fee	1403		2403		Request for oral h		neacodina	
1004 750 2004 375 Reissue filing fee	1451 1452		1451 2452		Petition to institute Petition to revive -			
1005 160 2005 80 Provisional filing fee	1452		i	650				
SUBTOTAL (1) (\$) 770	1501	•	1	650				
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1502			235	Design issue fee			
Extra Claims below Fee Paid	1503	630	2503	315	Plant issue fee			
Total Claims 51 -20 - 51 ^ -	1460	130	1460	130				
Independent 10 - 3** = 7 X 86 = 602	1807	7 50	1807	50	•			
Multiple Dependent =	1806	180	1806	180				
Large Entity Small Entity Fee	8021	40	8021	40	Recording each p property (times no	umber of prop	perties)	
Code (\$) Code (\$) 1202 18 2002 9 Claims in excess of 20	1809	750	2809	375	Filing a submission (37 CFR 1.129(a)	on after final	rejection	
1201 84 2001 42 Independent claims in excess of 3	1810	750	2810	375	For each addition	al invention to	o be	
1203 280 2203 140 Multiple dependent claim, if not paid					examined (37 CF Request for Conti		nation (PCF)	
1204 84 2204 42 **Reissue independent claims	180	1 750	2801		Dequest for eyes			
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SUBTOTAL (2) (\$) 1,160		duced by		Filing F				
**or number previously paid, if greater; For Reissues, see above								
SUBMITTED BY					((	Complete (if	applicable) )	
Name (Print/Type) W. Bryan McPherson III			ration N		1,988	Telephone	(300	) 675-4015
W. Blyan McFiletson III (Attorney/Agent)								
Signature W. Squall frame # 10/31/2003							103	

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